Name in Full Elsie Carroll — Certificate of Death

Died at Town New Bethlehem County Caroline MARYLAND

Date 1899 Month Aug Day 9 | Age Y. 10 M. D. | Native of Md. | Occupation

~~Male~~ / Female | ~~Colored~~ / White | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name Wm. Carroll — Mother's Name Ainer

Cause of Death: Primary Typhoid Fever 1 — How long sick 4 weeks

Immediate Meningitis — ~~Accident, Suicide, Homicide~~

Reported by J. L. Robb M.D.

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, B5968

Name in Full Mary Collins

Certificate of Death

Town Almshouse County Caroline

Died at Almshouse Caroline MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	8 1	Age 50.			Md.	

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name [illegible]

Mother's Name [illegible]

Cause of Death: Primary [illegible] 44 How long sick

Immediate Paralysis Accident, Suicide, Homicide

Reported by Dr Hardesty MD

Address Denton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Helen Dukes

Certificate of Death

Died at Town Denton County Caroline MARYLAND

Date 1891, Month August Day 27 | Age Y. 18 M. D. | Native of Caroline Co | Occupation —

Male / Female X | White X / Colored | Married / Single X | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name Levi J. Dukes

Mother's Name Elizabeth Dukes

Cause of Death — Primary Gastritis 2 days 104 — How long sick

Immediate Heart Failure — Accident, Suicide, Homicide

Reported by Emerk Floyd M.D.

Address Denton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Name in Full Eddie Evens — Certificate of Death

Died at Town Hickman County Caroline — MARYLAND

Date 189 9 Month 8 Day 21 — Age Y. 8 M. D. 15 — Native of Baltimore — Occupation

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — Single — Widow — Widower — Divorced — Number of children living

Husband of Wife

Father's Name Hary Evens — Mother's Name Nina Evens

Cause of Death — Primary Dentition — How long sick 3 weeks

Immediate Spasms — 49

Accident, Suicide, Homicide

Reported by Jas. H. Ward

Address Andersontown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

William Carlton Foster

Certificate of Death

Town

Died at Near Hillsboro

County

Caroline

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Aug	16	7 weeks	2		American	

Date 189 9

Age

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name John I Foster

Mother's Name Maggie E Foster

Cause of Death — Primary 82

Immediate Colvea Infantum

How long sick 4 days

Accident, Suicide, Homicide

Reported by J H Russum undertaker

Address Hillsboro Caroline Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. None in attendance

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

John Joshua Ludwig

Certificate of Death

Died at Town: Ridgely, County: Caroline, MARYLAND.

Date 189 9 Month 8 Day 27 | Age Y. 67 M. D. | Native of Germany | Occupation Machinist

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 4

~~Wife~~ Husband of Annie Margaret Stetzenbach.

Father's Name John Michael Ludwig | Mother's Name Rosanna Arnold

Cause of Death: Primary — How long sick

Immediate Apoplexy (Probable) Died Suddenly — Accident, Suicide, Homicide

Reported by Dr. J. S. Stone

Address Ridgely Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Lowder Simmons

Died at Town Nichols County Caroline MARYLAND

Date 1899 Month Aug Day 28 | Age Y. 80 M. D. | Native of Del | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 3

Husband of
Wife

Father's Name

Mother's Name 42

Cause of Death { Primary Congestion of brain | Immediate

How long sick 12 days

Accident, ~~Suicide, Homicide~~

Reported by R Kemp Jefferson

Address Federalsburg [redacted] md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full

Certificate of Death

Thos Haynes Slayton

Died at Hillsboro (Town) Caroline (County) MARYLAND

Date 1899 Month: August	Day: 18	Age Y. 44 M. 3 D.	Native of Md.	Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name Wm Slayton

Mother's Name Sarah Culeen

Cause of Death — Primary: Exhaustion Consumption 2 yrs — How long sick: one year

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by Dr H T Hayden MD

Address Hillsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Thomas H White

Certificate of Death

Died at Town Denton County Caroline MARYLAND

Date 189 9 Month Aug Day 1 | Age Y. 73 M. – D. – | Native of Md. | Occupation Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living Four

Husband of Margarette Brown White

~~Wife~~

Father's Name Not known

Mother's Name Not known

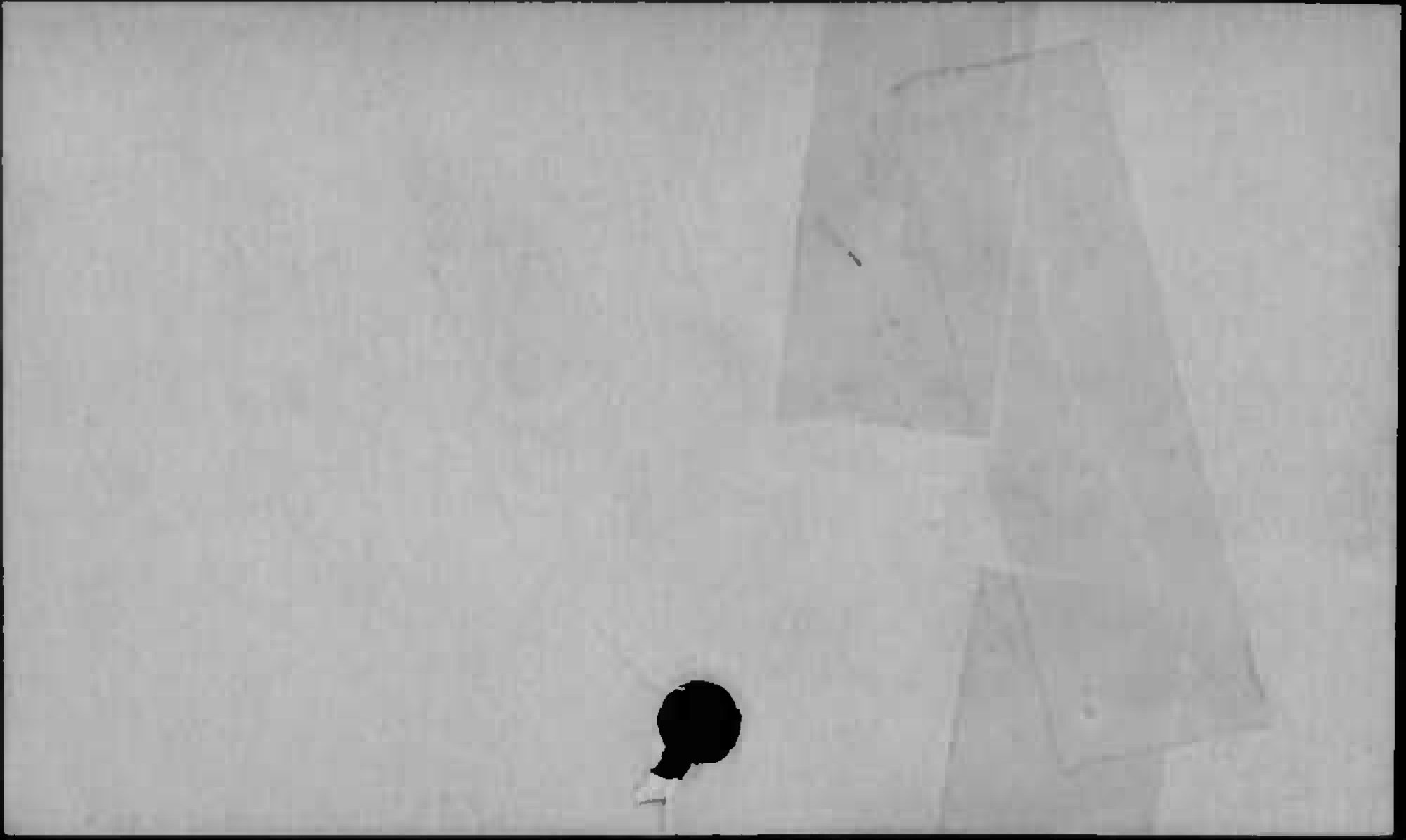
Cause of Death: Primary Typhoid Fever | How long sick 4 weeks

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by E R Fisher M.D.

Address Denton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968